

## Kashtan Summer Fun Group Enrollment form.

Name of the child \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_  
Parent's first names: Mother \_\_\_\_\_ Father \_\_\_\_\_  
Parent's work # Mother \_\_\_\_\_ Father \_\_\_\_\_  
Child's primary physician: \_\_\_\_\_  
Physician's phone # \_\_\_\_\_  
Child's insurance coverage: \_\_\_\_\_  
Policy # \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Any known allergies? Yes No. If yes explain: \_\_\_\_\_  
Any food restrictions? Yes No If yes explain \_\_\_\_\_  
Any condition that prevents child from any physical activity? Yes No  
If YES explain: \_\_\_\_\_

Child's first day / / / / Child's last day / / / /

### Disclaimer

The management will make every effort to provide the child with utmost care and attention. However, unforeseen accidents may occur that are not under anyone's control such as viral infections, mosquito or bee bites, minor injuries due to outdoor activities or like occurrences. By signing below I, the parent or legal guardian of the above child agree to the following:

1. I will not hold the Kashtan Summer Fun Group counselors liable for any injuries, allergic reactions and illnesses that may occur to my child.
2. I authorize the Kashtan Summer Group Counselors to administer any first aid to my child as they deem necessary in case of emergency and bring the child to the nearest emergency room for treatment.

Signed \_\_\_\_\_ Date: / / /

### Guidelines for the parents